IND xx,xxx

Title of IND Goes Here

Serial 00XX: Annual Report

Reporting Period: mm/dd/yyyy to mm/dd/yyyy

DD Month 20YY

Name of Sponsor Investigator, MD

X Professor, Department

DUKE UNIVERSITY

Confidential

**INTRODUCTION**

This annual report includes updates on N different studies being run under this IND and covers the period from **Month dd, 20yy to Month dd, 20yy**. The studies are summarized in the table below.

|  | **Short Title****(Study A)** | **Short Title****(Study B)** | **Short Title****(Study C)** | **Short Title****(Study D)** |
| --- | --- | --- | --- | --- |
| **Date of Protocol Submission to IND** | mm/dd/yyyy(Serial 00xx) | mm/dd/yyyy(Serial 00xx) | mm/dd/yyyy(Serial 00xx) | mm/dd/yyyy(Serial 00xx) |
| **Duke IRB No.** | Pro000yyyyy | Pro000yyyyy | Pro000yyyyy | Pro000yyyyy |
| **DCRU No.** | zzzz | zzzz | zzzz | zzzz |
| **Dose** |  |  |  |  |
| **Other study info.** |  |  |  |  |
| **Other study info.** |  |  |  |  |
| **Other study info** |  |  |  |  |
| **Other study info.** |  |  |  |  |
| **Other study info.** |  |  |  |  |
| **Other study info.** |  |  |  |  |

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# Individual Study Information

*A brief summary of the status of each study. Specify which 12 months are covered by your report such as “the reporting period for this submission is from June 1, 2022 to May 31, 2023.”*

*The summary is required to include the following information for each study:*

***General Note: Maintain all headings throughout this document. If a particular section doesn’t apply to your IND – state so!***

## Study A (Short Title or Identifier)

*The title of the study (with appropriate study identifiers such as protocol number), its purpose, a brief statement identifying the patient populations, and a statement as to whether the study is completed. It may look something like the list below. Also, you can add a table here to list other study sites.*

**Title of Study:** full studytitle

**Study Design:** open label, closed label, randomized etc.

**Purpose:** This study will…. .

**Patient Population:** disease state, healthy, age, etc.

**Study Status:** Open, closed, enrolling, completed etc.

### Enrollment Update

*The total number of subjects initially planned for inclusion in the study; the number entered into the study to date, tabulated by age group, gender, and race; the number whose participation in the study was completed as planned; and the number who dropped out of the study for any reason. Examples of tables that might be appropriate for your study are below. Use if appropriate or change to suit your needs. There should also be some verbiage summarizing things.*

**Table 1.1.2-1 Subject Enrollment by Site**

| **Site** | **Total Enrolled** | **First Enrollment Date** | **Last Enrollment Date** |
| --- | --- | --- | --- |
| University of Somewhere  |  |  |  |
| Somewhere else University  |  |  |  |
| State Hopsital  |  |  |  |
| County of Public Health  |  |  |  |
| **Total US sites** |  |  |  |
| Other country: site  |  |  |  |
| Other country: site |  |  |  |
| **Total non-US sites** |  |  |  |
| **All Sites** |  |  |  |

**Table 1.1.2-2 Subject Demographics**



**Table 1.1.2-3 Status of Enrolled Participants**

|  |  |  |
| --- | --- | --- |
|  | **Current Reporting Period** | **Overall** |
| **Total Planned for Enrollment**  |  |  |
| **Total Enrollment To Date**  |  |  |
| Total On Study |  |  |
|  On Treatment  |  |  |
|  Completed Treatment  |  |  |
| Total Terminated Study Early  |  |  |
| Total Completed Study |  |  |

|  | **Current Reporting Period** | **Overall** |
| --- | --- | --- |
| **Total Planned for Enrollment**  |  |  |
| **Total Enrollment To Date** |  |  |
| Total On Study |  |  |
| On Treatment  |  |  |
| Completed Treatment/Follow-Up in Process |  |  |
| Total Terminated Study Early |  |  |
| Termination Associated with an Adverse Event |  |  |
| Termination Due to Subject Death |  |  |
| Screen Failures |  |  |
| Other (define based on your situation) |  |  |
| Total Completed Study |  |  |

### Brief Description of Study Results

*If the study has been completed, or if interim results are known, a brief description of any available study results*

## Study B (Short Title or Identifer)

*The title of the study (with appropriate study identifiers such as protocol number), its purpose, a brief statement identifying the patient populations, and a statement as to whether the study is completed. It may look something like the list below. Also, you can add a table here to list other study sites.*

**Title of Study:** full studytitle

**Study Design:** open label, closed label, randomized etc.

**Purpose:** This study will…. .

**Patient Population:** disease state, healthy, age, etc.

**Study Status:** Open, closed, enrolling, completed etc.

### Enrollment Update

*The total number of subjects initially planned for inclusion in the study; the number entered into the study to date, tabulated by age group, gender, and race; the number whose participation in the study was completed as planned; and the number who dropped out of the study for any reason. Examples of tables that might be appropriate for your study are below. Use if appropriate or change to suit your needs. There should also be some verbiage summarizing things.*

**Table 1.1.2-1 Subject Enrollment by Site**

| **Site** | **Total Enrolled** | **First Enrollment Date** | **Last Enrollment Date** |
| --- | --- | --- | --- |
| University of Somewhere  |  |  |  |
| Somewhere else University  |  |  |  |
| State Hopsital  |  |  |  |
| County of Public Health  |  |  |  |
| **Total US sites** |  |  |  |
| Other country: site  |  |  |  |
| Other country: site |  |  |  |
| **Total non-US sites** |  |  |  |
| **All Sites** |  |  |  |

**Table 1.1.2-2 Subject Demographics**



**Table 1.1.2-3 Status of Enrolled Participants**

|  |  |  |
| --- | --- | --- |
|  | **Current Reporting Period** | **Overall** |
| **Total Planned for Enrollment**  |  |  |
| **Total Enrollment To Date**  |  |  |
| Total On Study |  |  |
|  On Treatment  |  |  |
|  Completed Treatment  |  |  |
| Total Terminated Study Early  |  |  |
| Total Completed Study |  |  |

|  | **Current Reporting Period** | **Overall** |
| --- | --- | --- |
| **Total Planned for Enrollment**  |  |  |
| **Total Enrollment To Date** |  |  |
| Total On Study |  |  |
| On Treatment  |  |  |
| Completed Treatment/Follow-Up in Process |  |  |
| Total Terminated Study Early |  |  |
| Termination Associated with an Adverse Event |  |  |
| Termination Due to Subject Death |  |  |
| Screen Failures |  |  |
| Other (define based on your situation) |  |  |
| Total Completed Study |  |  |

### Brief Description of Study Results

*If the study has been completed, or if interim results are known, a brief description of any available study results*

## Study C (Short Study Title or Identifer)

*The title of the study (with appropriate study identifiers such as protocol number), its purpose, a brief statement identifying the patient populations, and a statement as to whether the study is completed. It may look something like the list below. Also, you can add a table here to list other study sites.*

**Title of Study:** full study title

**Study Design:** open label, closed label, randomized etc.

**Purpose:** This study will…. .

**Patient Population:** disease state, healthy, age, etc.

**Study Status:** Open, closed, enrolling, completed etc.

### Enrollment Update

*The total number of subjects initially planned for inclusion in the study; the number entered into the study to date, tabulated by age group, gender, and race; the number whose participation in the study was completed as planned; and the number who dropped out of the study for any reason. Examples of tables that might be appropriate for your study are below. Use if appropriate or change to suit your needs. There should also be some verbiage summarizing things.*

**Table 1.1.2-1 Subject Enrollment by Site**

| **Site** | **Total Enrolled** | **First Enrollment Date** | **Last Enrollment Date** |
| --- | --- | --- | --- |
| University of Somewhere  |  |  |  |
| Somewhere else University  |  |  |  |
| State Hopsital  |  |  |  |
| County of Public Health  |  |  |  |
| **Total US sites** |  |  |  |
| Other country: site  |  |  |  |
| Other country: site |  |  |  |
| **Total non-US sites** |  |  |  |
| **All Sites** |  |  |  |

**Table 1.1.2-2 Subject Demographics**



**Table 1.1.2-3 Status of Enrolled Participants**

|  |  |  |
| --- | --- | --- |
|  | **Current Reporting Period** | **Overall** |
| **Total Planned for Enrollment**  |  |  |
| **Total Enrollment To Date**  |  |  |
| Total On Study |  |  |
|  On Treatment  |  |  |
|  Completed Treatment  |  |  |
| Total Terminated Study Early  |  |  |
| Total Completed Study |  |  |

|  | **Current Reporting Period** | **Overall** |
| --- | --- | --- |
| **Total Planned for Enrollment**  |  |  |
| **Total Enrollment To Date** |  |  |
| Total On Study |  |  |
| On Treatment  |  |  |
| Completed Treatment/Follow-Up in Process |  |  |
| Total Terminated Study Early |  |  |
| Termination Associated with an Adverse Event |  |  |
| Termination Due to Subject Death |  |  |
| Screen Failures |  |  |
| Other (define based on your situation) |  |  |
| Total Completed Study |  |  |

### Brief Description of Study Results

*If the study has been completed, or if interim results are known, a brief description of any available study results*

## Study D (Short Title or IDentifier)

*The title of the study (with appropriate study identifiers such as protocol number), its purpose, a brief statement identifying the patient populations, and a statement as to whether the study is completed. It may look something like the list below. Also, you can add a table here to list other study sites.*

**Title of Study:** full studytitle

**Study Design:** open label, closed label, randomized etc.

**Purpose:** This study will…. .

**Patient Population:** disease state, healthy, age, etc.

**Study Status:** Open, closed, enrolling, completed etc.

### Enrollment Update

*The total number of subjects initially planned for inclusion in the study; the number entered into the study to date, tabulated by age group, gender, and race; the number whose participation in the study was completed as planned; and the number who dropped out of the study for any reason. Examples of tables that might be appropriate for your study are below. Use if appropriate or change to suit your needs. There should also be some verbiage summarizing things.*

**Table 1.1.2-1 Subject Enrollment by Site**

| **Site** | **Total Enrolled** | **First Enrollment Date** | **Last Enrollment Date** |
| --- | --- | --- | --- |
| University of Somewhere  |  |  |  |
| Somewhere else University  |  |  |  |
| State Hopsital  |  |  |  |
| County of Public Health  |  |  |  |
| **Total US sites** |  |  |  |
| Other country: site  |  |  |  |
| Other country: site |  |  |  |
| **Total non-US sites** |  |  |  |
| **All Sites** |  |  |  |

**Table 1.1.2-2 Subject Demographics**



**Table 1.1.2-3 Status of Enrolled Participants**

|  |  |  |
| --- | --- | --- |
|  | **Current Reporting Period** | **Overall** |
| **Total Planned for Enrollment**  |  |  |
| **Total Enrollment To Date**  |  |  |
| Total On Study |  |  |
|  On Treatment  |  |  |
|  Completed Treatment  |  |  |
| Total Terminated Study Early  |  |  |
| Total Completed Study |  |  |

|  | **Current Reporting Period** | **Overall** |
| --- | --- | --- |
| **Total Planned for Enrollment**  |  |  |
| **Total Enrollment To Date** |  |  |
| Total On Study |  |  |
| On Treatment  |  |  |
| Completed Treatment/Follow-Up in Process |  |  |
| Total Terminated Study Early |  |  |
| Termination Associated with an Adverse Event |  |  |
| Termination Due to Subject Death |  |  |
| Screen Failures |  |  |
| Other (define based on your situation) |  |  |
| Total Completed Study |  |  |

### Brief Description of Study Results

*If the study has been completed, or if interim results are known, a brief description of any available study results*

# Summary Information

*Information obtained during the previous year’s clinical and nonclinical investigations.* ***Maintain all headings and if not applicable or none – so state.***

## Adverse Events: Frequent and Serious

### Study A (Short Title or Identifier)

*A narrative or tabular summary showing the most frequent and most serious adverse experiences by body system. Examples of reporting tables are below.*

| **Body System** | **N** | **Incidence** |
| --- | --- | --- |
| Infections and infestations  | 27 | 56.3% |
| Injury, poisoning and procedural complications  | 12 | 25.0% |
| Investigations  | 12 | 25.0% |
| Nervous system disorders  | 10 | 20.8% |
| Respiratory, thoracic and mediastinal disorders  | 10 | 20.8% |
| Blood and lymphatic system disorders  | 9 | 18.8% |
| Musculoskeletal and connective tissue disorders  | 9 | 18.8% |
| Gastrointestinal disorders  | 7 | 14.6% |
| General disorders and administration site conditions  | 6 | 12.5% |
| Hepatobiliary disorders  | 5 | 10.4% |
| Skin and subcutaneous tissue disorders  | 4 | 8.3% |
| Eye disorders  | 3 | 6.3% |
| Ear and labyrinth disorders  | 2 | 4.2% |
| Psychiatric disorders  | 2 | 4.2% |
| Vascular disorders  | 2 | 4.2% |
| Immune system disorders  | 1 | 2.1% |
| Metabolism and nutrition disorders  | 1 | 2.1% |
| Renal and urinary disorders  | 1 | 2.1% |
| Reproductive system and breast disorders  | 1 | 2.1% |
| Surgical and medical procedures  | 1 | 2.1% |

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject ID** | **Adverse Event** | **Expected?** | **Likely Study Related?** |
| 1234 | Fever | Yes | No |
| 5678 | Tachycardia | Yes | Yes |
| 4321 | Hypoxia | No | Yes |
| 8765 | Vomiting | No | No |

The Sponsor-Investigator confirms there are no indications of clinically important increases in the rate of a serious suspected adverse reaction over those listed in the protocol, informed consent, or investigator’s brochure.

### Study B (Short Title or Identifier)

*A narrative or tabular summary showing the most frequent and most serious adverse experiences by body system. Examples of reporting tables are below.*

| **Body System** | **N** | **Incidence** |
| --- | --- | --- |
| Infections and infestations  | 27 | 56.3% |
| Injury, poisoning and procedural complications  | 12 | 25.0% |
| Investigations  | 12 | 25.0% |
| Nervous system disorders  | 10 | 20.8% |
| Respiratory, thoracic and mediastinal disorders  | 10 | 20.8% |
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| Musculoskeletal and connective tissue disorders  | 9 | 18.8% |
| Gastrointestinal disorders  | 7 | 14.6% |
| General disorders and administration site conditions  | 6 | 12.5% |
| Hepatobiliary disorders  | 5 | 10.4% |
| Skin and subcutaneous tissue disorders  | 4 | 8.3% |
| Eye disorders  | 3 | 6.3% |
| Ear and labyrinth disorders  | 2 | 4.2% |
| Psychiatric disorders  | 2 | 4.2% |
| Vascular disorders  | 2 | 4.2% |
| Immune system disorders  | 1 | 2.1% |
| Metabolism and nutrition disorders  | 1 | 2.1% |
| Renal and urinary disorders  | 1 | 2.1% |
| Reproductive system and breast disorders  | 1 | 2.1% |
| Surgical and medical procedures  | 1 | 2.1% |

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject ID** | **Adverse Event** | **Expected?** | **Likely Study Related?** |
| 1234 | Fever | Yes | No |
| 5678 | Tachycardia | Yes | Yes |
| 4321 | Hypoxia | No | Yes |
| 8765 | Vomiting | No | No |

The Sponsor-Investigator confirms there are no indications of clinically important increases in the rate of a serious suspected adverse reaction over those listed in the protocol, informed consent, or investigator’s brochure.

### Study C (Short Title or Identifier)

*A narrative or tabular summary showing the most frequent and most serious adverse experiences by body system. Examples of reporting tables are below.*

| **Body System** | **N** | **Incidence** |
| --- | --- | --- |
| Infections and infestations  | 27 | 56.3% |
| Injury, poisoning and procedural complications  | 12 | 25.0% |
| Investigations  | 12 | 25.0% |
| Nervous system disorders  | 10 | 20.8% |
| Respiratory, thoracic and mediastinal disorders  | 10 | 20.8% |
| Blood and lymphatic system disorders  | 9 | 18.8% |
| Musculoskeletal and connective tissue disorders  | 9 | 18.8% |
| Gastrointestinal disorders  | 7 | 14.6% |
| General disorders and administration site conditions  | 6 | 12.5% |
| Hepatobiliary disorders  | 5 | 10.4% |
| Skin and subcutaneous tissue disorders  | 4 | 8.3% |
| Eye disorders  | 3 | 6.3% |
| Ear and labyrinth disorders  | 2 | 4.2% |
| Psychiatric disorders  | 2 | 4.2% |
| Vascular disorders  | 2 | 4.2% |
| Immune system disorders  | 1 | 2.1% |
| Metabolism and nutrition disorders  | 1 | 2.1% |
| Renal and urinary disorders  | 1 | 2.1% |
| Reproductive system and breast disorders  | 1 | 2.1% |
| Surgical and medical procedures  | 1 | 2.1% |

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject ID** | **Adverse Event** | **Expected?** | **Likely Study Related?** |
| 1234 | Fever | Yes | No |
| 5678 | Tachycardia | Yes | Yes |
| 4321 | Hypoxia | No | Yes |
| 8765 | Vomiting | No | No |

The Sponsor-Investigator confirms there are no indications of clinically important increases in the rate of a serious suspected adverse reaction over those listed in the protocol, informed consent, or investigator’s brochure.

### Study D (Short Title or Identifier)

*A narrative or tabular summary showing the most frequent and most serious adverse experiences by body system. Examples of reporting tables are below.*

| **Body System** | **N** | **Incidence** |
| --- | --- | --- |
| Infections and infestations  | 27 | 56.3% |
| Injury, poisoning and procedural complications  | 12 | 25.0% |
| Investigations  | 12 | 25.0% |
| Nervous system disorders  | 10 | 20.8% |
| Respiratory, thoracic and mediastinal disorders  | 10 | 20.8% |
| Blood and lymphatic system disorders  | 9 | 18.8% |
| Musculoskeletal and connective tissue disorders  | 9 | 18.8% |
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| Psychiatric disorders  | 2 | 4.2% |
| Vascular disorders  | 2 | 4.2% |
| Immune system disorders  | 1 | 2.1% |
| Metabolism and nutrition disorders  | 1 | 2.1% |
| Renal and urinary disorders  | 1 | 2.1% |
| Reproductive system and breast disorders  | 1 | 2.1% |
| Surgical and medical procedures  | 1 | 2.1% |

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject ID** | **Adverse Event** | **Expected?** | **Likely Study Related?** |
| 1234 | Fever | Yes | No |
| 5678 | Tachycardia | Yes | Yes |
| 4321 | Hypoxia | No | Yes |
| 8765 | Vomiting | No | No |

The Sponsor-Investigator confirms there are no indications of clinically important increases in the rate of a serious suspected adverse reaction over those listed in the protocol, informed consent, or investigator’s brochure.

## Summary of IND Safety Reports

*A summary of all IND safety reports submitted (****by you to this IND****) during the past year*.

## Study Subject Deaths

*A list of subjects who died during participation in any of the clinical investigations, with the cause of death for each subject.*

## Study Subject Dropouts Resulting from Adverse Drug Experiences

*A list of subjects who dropped out during the course of any of the clinical investigations in association with any adverse experience, and whether or not thought to be drug related. In other words, subjects who withdrew from the studies because of intolerable side-effects.*

## Understanding of the Drug’s Action

*A brief description of what, if anything, was obtained that is pertinent to an understanding of the drug’s actions, including, for example, information about dose response, information from controlled trials, and information about biovailability.*

## List of Preclinical Studies

*A list of the preclinical studies (including animal studies) completed or in progress during the past year and a summary of the major preclinical findings.*

## Summary of Manufacturing or Microbiological Changes

*A summary of any significant manufacturing or microbiological changes made during the past year. If applicable, include relevant lot release or stability data.*

# General investigational plan

*A description of the general investigational plan for the coming year to replace that submitted 1 year earlier. The general investigation plan shall contain the information required under Sec. 312.23(a) (3)(iv).*

## Brief Description of the Overall Investigational Plan

*A brief description of the overall plan for investigating the drug product for the following year. The plan should include the following:*

### Rationale

*The rationale for the drug or the research studies.*

### Indication(s) to be Studied

*The indication(s) to be studied.*

### General Approach for the Evaluation of Treatment

*The general approach to be followed in evaluating the drug.*

### Planned Clinical Trials

*The kinds of clinical trials to be conducted in the year following the submission (if plans are not developed for the entire year, the sponsor should indicate so).*

### Estimated Number of Subjects

*The estimated number of patients to be given the drug in planned studies.*

### Anticipated Risks

*Any risks of particular severity or seriousness anticipated on the basis of the toxicological data in animals or prior studies in humans with the drug or related drugs*

# Investigator’s Brochure

*If the investigator’s brochure (IB) has been revised, a description of the revision and a copy of the new brochure.*

*If no IB is required because it is a sponsor-investigator initiated IND, you may write “Not Applicable” or “In accordance with 21 CFR Part 312.55(a), an Investigator’s Brochure is not required for a sponsor-investigator IND.” If your initial IND submission included a Letter of Authorization to refer to the IB within another IND, you can write “Not Applicable” or “Refer to IND XXXXX for the updated Investigator’s Brochure.” If your initial IND submission refered to the approved product label instead of containing an IB, you can write “Not Applicable” or “Refer to the current approved product label for Drug X”.*

# Protocol Modifications

*A description of any significant Phase 1 protocol modifications made during the previous year and not previously reported to the IND in a protocol amendment.*

# Foreign Marketing Developments

*A brief summary of significant foreign marketing developments with the drug during the past year, such as approval of marketing in any country or withdrawal or suspension from marketing in any country. This section applies to commercial sponsors – just state:*

Not Applicable

# Outstanding business with respect to IND

*If desired by the sponsor, a log of any outstanding business with respect to the IND for which the sponsor requests or expects a reply, comment, or meeting.*